## L10000015975

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
(D			
(Business Entity Name)			
(Document Number)			
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DIVISION OF CORPORATIONS

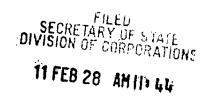
## **COVER LETTER**

Division of Corporations	
< a	
SUBJECT: STUDIO DE CORU	3 LLC
(Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
STEFANT N. DE LA O (Contact Person)	
(Contact Person)	
STUDIO DECORUS UC	
(Firm/Company)	
3542 FLAM, NGO DR.	
(Address)	
Mian, BEACH FL 3314 (City/State and Zip Code)	10
For further information concerning this matter	, please call:
STEFANI M. DE LO O (Name of Contact Person)	at ( <u>305</u> ) <u>491 4544</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

TO: Registration Section





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it		of the Florida Department
of State is: 5	TUDIO DECORUS	LLC	
2. This limited liab	oility company was organized u	under the laws of:	
F was a	o ^~	•	
3. The Florida docu	ument/registration number of the	his limited liability comp	oany is:
	0015975	<u>-</u>	
**************************************	· · · · · · · · · · · · · · · · · · ·	*	
4.I. Karva	R. POHUTANTO MANZA Jame of Person Resigning)	△N hereby resign as a	MERN
(Print N	lame of Person Resigning)	, , , ,	(Print Title)
	bility company and affirm the		has been notified of my
resignation in wr	iting. Effective 2/6	88/11	
p.			
fal	NOMPONT/		
Signature of Resi	igping Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		